APPLICATION DATA SHEET

Application Information

City of Residence::

Application Number:: New 12/10/03 Filing Date:: **Application Type::** Regular Subject Matter:: Utility Suggested Classification:: None Suggested Group Art Unit:: None CD-ROM or CD-R?:: None Sequence Submission:: None Computer Readable Form (CRF)?:: No Title:: PROVIDING VPLS-LIKE SERVICE OVER NATIVE ATM NETWORKS Attorney Docket Number:: ALC 3105 Request for Early Publication?:: No Suggested Drawing Figure:: 1 6 **Total Drawing Sheets:** Small Entity?:: No Petition Included?:: No Licensed US Govt. Agency:: None No Secrecy Order in Parent Appl.?:: **Applicant Information** Applicant Authority Type:: Inventor Primary Citizenship Country:: Canada **Full Capacity** Status:: Given Name:: John Middle Name:: Family Name:: Fischer Name Suffix::

Stittsville

State or Province of Residence:: Ont.

Country of Residence:: Canada

Street Mailing Address:: 101 Beechfern Drive

City of Mailing Address:: Stittsville

State or Province of Mailing Address:: Ontario

Country of Mailing Address:: Canada

Postal or Zip Code of Mailing Address:: K2S 1E3

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: Shay

Middle Name::

Family Name:: Nahum

Name Suffix::

City of Residence:: Ottawa

State or Province of Residence:: Ont.

Country of Residence:: Canada

Street Mailing Address:: 1025 Grenon Avenue

Unit 712

City of Mailing Address:: Ottawa

State or Province of Mailing Address:: Ontario

Country of Mailing Address:: Canada

Postal or Zip Code of Mailing Address:: K2B 8S5

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: Carl

Middle Name::

Family Name:: Rajsic

Name Suffix::

City of Residence:: Nepean

State or Province of Residence:: Ont.

Country of Residence:: Canada

Street Mailing Address:: 2 Brookbend Crescent

City of Mailing Address:: Nepean

State or Province of Mailing Address:: Ontario

Country of Mailing Address:: Canada

Postal or Zip Code of Mailing Address:: K2H 1E4

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: Shawn

Middle Name::

Family Name:: McAllister

Name Suffix::

City of Residence:: Manotick

State or Province of Residence:: Ont.

Country of Residence:: Canada

Street Mailing Address:: 1330 Revell Drive

City of Mailing Address:: Manotick

State or Province of Mailing Address:: Ontario

Country of Mailing Address:: Canada

Postal or Zip Code of Mailing Address:: K4M 1K8

Correspondence Information

Correspondence Customer Number:: 30868

Name:: Terry W. Kramer

Street of Mailing Address:: Kramer & Amado, P.C.

2001 Jefferson Davis Highway

Suite 1101

City of Mailing Address:: Arlington

State or Province of Mailing Address:: Country of Mailing Address:: Postal or Zip Code of Mailing Address:: Phone Number:: Fax Number:: E-mail address::			VA US 22202 703-413-5000 703-413-5048 terry@kramerip.com			
Representative Information						
Representative Customer 30868						
Number::						
Domestic Priority Information						
Application::	Application:: Continuity Type		::	Parent Application::		Parent Filing Date::
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Foreign Priority Information						
Country:: Application num		ber::	er:: Filing Date::		Priority Claimed::	
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Assignee Information						
Assignee Name::			Alcatel			
Street of Mailing Address::			54, rue La Boétie			
City of Mailing Address::			Paris			
Country of Mailing Address::			France			
Postal or Zip Code of Mailing Address::				8		